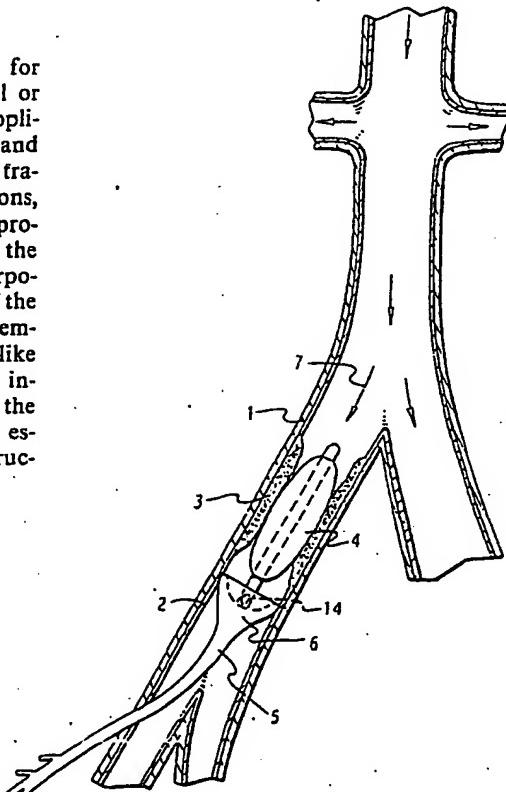




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<p>(54) Title: AN ANGIOPLASTY DEVICE</p> <p>(57) Abstract</p> <p>An angioplasty device is disclosed for treatment of, or for compression and/or removal of an obstruction from, a vessel or vessel-like structure in medical, non-medical and industrial applications. The device incorporates a trap/barrier (6) for trapping and removing particles that break away from the treatment site with traditional angioplasty devices including but not limited to balloons, cutting rotors, fiber meshes, lasers and the like. The device also provides means (13, 14) for removing the trapped particles from the treated vessel. An angioplasty device is also disclosed that incorporated only the trap/barrier (6) and particle removal elements of the previously described device. A method for treatment of, or for removal or compression of an obstruction in, a vessel or vessel-like structure is disclosed that utilizes an angioplasty device of the instant invention. A method employing an angioplasty device of the instant invention is also disclosed for preventing particles from escaping from a point of manipulation of vessel or vessel-like structure.</p> 			

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AN ANGIOPLASTY DEVICE

BACKGROUND OF THE INVENTION

This invention relates to a new and improved
5 angioplasty device for compressing and/or removing
atherosclerotic plaques, thromboses, stenoses, occlusions,
clots, potential embolic material and so forth (hereinafter
"obstructions") from veins, arteries, vessels, ducts and
the like (hereinafter "vessels"). The device also has
10 potential for treatment of the following conditions or
performance of the following procedures, among others:
congenital or acquired stenoses or obstructions;
percutaneous aspiration thromboembolectomy; cerebral
embolization; congenital or acquired obstruction or
15 stenosis of the aorta, renal, coronary, pulmonary, iliac,
femoral, popliteal, peroneal, dorsalis pedis, subclavian,
axillary, brachial, radial, ulnar, vertebral, cerebral
and/or cerebellar artery or any other accessible artery or
their ramifications; congenital or acquired obstruction or
20 stenosis of the superior vena cava, inferior vena cava,

common iliac, internal iliac, external iliac, femoral,
greater saphenous, lesser saphenous, posterior tibial,
peroneal, popliteal, pulmonary, coronary, coronary sinus,
innominate, brachial, cephalic, basilic, internal jugular,
5 external jugular, cerebral, cerebellar, sinuses of the dura
mater and/or vertebral vein or any other accessible vein or
their ramifications; atheromatous lesions of any graft or
its ramifications; obstructions or stenoses of connections
between and among grafts, veins, arteries, organs and
10 ducts; vena caval bleeding; congenital or acquired
intracardiac obstructions, stenoses, shunts and/or aberrant
communications; congenital or acquired cardiovascular
obstructions, stenoses and/or diseases; infusion of
thrombolytic agents; thromboembolic phenomena; diagnostic
15 catheterization; removal of clots; intrahepatic and/or
extrahepatic biliary ductal obstructions (e.g., stones,
sediment or strictures); intravascular, intracardiac and/or

intraductal foreign bodies; renal dialysis; congenital and acquired esophageal and/or gastrointestinal obstructions and/or stenoses; non-organized atheromata; dialysis fistula stenosis; ruptured cerebral aneurysm; arterio-arterial, 5 arteriovenous and/or veno-venous fistulae; ureteral obstructions obstructions (e.g., stones, sediment or strictures); fibromuscular dysplasia of the renal artery, carotid artery and/or other blood vessels; and/or atherosclerosis of any accessible artery, vein or their 10 ramifications. Such procedures may be performed in both humans and other applications.

As used throughout this specification and the claims "angioplasty" shall not be restrictive and shall refer to (1) any of the medical and/or veterinary procedures and 15 treatments described in the preceding paragraph, (2) procedures and treatments similar to those described in the preceding paragraph, and (3) any other treatment or procedure involving the removal of an obstruction from vessels or vessel-like structures, regardless of whether 20 such structures are part of or associated with a living organism. It may be obvious to those skilled in fields of art apart from the art of angioplasty devices and procedures that the instant invention could be applied to remove obstructions from "non-living" tubes, tubules, 25 conduits, fibers or other structures (also hereinafter "vessels") in non-medical or industrial applications. For example, a device of the invention could be used to remove an obstruction from a fluid delivery tube within a machine under conditions where it would be undesirable for 30 particles of the obstruction to break free and continue down the tube, e.g., if the machine were still running and particles would jeopardize continued operation. The term "angioplasty" as used throughout this specification and the appended claims is intended to encompass any such 35 applications.

Prior art devices, representing the traditional angioplasty device, are basically a catheter containing a

balloon-like member which is inserted into the occluded vessel. Expansion of the balloon at the obstruction site crushes the obstruction against the interior lining of the vessel. When the balloon is retracted, the obstruction 5 remains pressed against the vessel wall and the effective diameter of the vessel through which fluid may flow is increased at the site of the obstruction. The traditional angioplasty device incorporating a balloon is represented by U.S. Patent Nos. 4,646,742, 4,636,195, 4,587,975 and 10 4,273,128.

Angioplasty devices have also been developed incorporating expandable meshes or braids, U.S. Patent Nos. 4,650,466 and 4,572,186, drilling or cutting members, U.S. Patent Nos. 4,631,052, 4,589,412 and 4,445, 509, and 15 lasers, U.S. Patent Nos. 4,641,912 and 4,576,177, as the means for crushing or removing an obstruction.

Many problems have been associated with all types of angioplasty devices. Perhaps the most significant problem is the creation of particulate matter during the 20 obstruction removal procedure. These particles are released into the fluid flowing through the vessel and can lead to emboli, clots, stroke, kidney failure, heart failure, gangrene, tissue injury, tissue death, emergency bypass surgery, death and other undesirable side effects 25 and complications.

It would be desirable to provide an angioplasty device that prevents substantially all physiologically significant particles from escaping from the obstruction site, thus preventing the occurrence of unfavorable side effects from 30 angioplasty treatment and procedures.

SUMMARY OF THE INVENTION

In accordance with the instant invention, an angioplasty device is disclosed for use in an angioplasty 35 procedure or other medical, veterinary, non-medical or industrial applications where removal of an obstruction from a vessel or vessel-like structure could produce

particles which, if allowed to remain in said vessel, could cause undesirable complications and results.

The angioplasty device incorporates an operative member, means for controlling the operative member, a trap/barrier, means for expanding the trap/barrier, means for removing particles, and a catheter bundle. The operative member can be one of many known methods or devices for removing and/or crushing an obstruction in a vessel, including but not limited to balloons, cutting rotors, fiber meshes and lasers. A given operative member is controlled in a device of the instant invention by the same control means previously known for such device or mechanism. In the case of a balloon, at least one canal through which an expansion medium could be injected would be one appropriate control means. For a laser, the appropriate control means would be a switch that turns the laser on.

The trap/barrier serves as (1) a barrier preventing physiologically significant particles breaking away from the obstruction site during an angioplasty procedure or other application of a device of the instant invention from progressing away from the obstruction site and creating complications, and (2) a trap that collects particles so that they can be removed from the treatment site. The trap/barrier can be impervious to fluid flow within the vessel or can be a membrane or similar structure having pores through which the vessel fluid can pass. The trap/barrier is expanded into the proper functional position by an expansion means which can be adapted to suit the nature of the trap/barrier. When the trap/barrier is inflatable, the expansion means is at least one canal through which an expansion medium can be injected. Alternatively, the expansion means can be at least one expansion spring, expansion stent or expansion leaf on or within the trap/barrier. The trap/barrier is expanded as the springs, stents or leaves are pushed outward by the

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operation of the operative member, fibers, shafts, pods or other means.

In some applications, the control means for a balloon operative member and the expansion means of an inflatable member can both be provided by a bi-functional canal through which an expansion medium can be injected.

Particles are removed from the vessel by at least one particle removal aperture and at least one particle removal canal. A pressure differential is provided between the 10 particle removal canal and the vessel such that particles are pushed or drawn through the particle removal aperture. Alternatively, particles may be collected by the trap/barrier and trapped within it when the trap/barrier is retracted and then removed with the device.

15 The catheter bundle is a collection of the various canals associated with the various aspects of the device.

Another angioplasty device is also disclosed that incorporates only the trap/barrier, expansion means, particles removal means and catheter bundle.

20 The instant invention also involves a method for (1) treatment of, or (2) removal or compression of an obstruction in, a vessel or vessel-like structure using an angioplasty device of the instant invention. The angioplasty device is inserted into the vessel and aligned 25 with the treatment or obstruction site. The device is manipulated such that the desired treatment, removal or compression is achieved and particles are collected within or removed into the device. The device is then retracted and removed from the vessel.

30 The instant invention also provides a method for preventing particles from escaping from a point of manipulation of a vessel or vessel-like structure. A device of the instant invention is inserted into the vessel and expanded at an appropriate point "downstream" or 35 "upstream" from the manipulation site. After the manipulation is completed, the particles are collected and

removed into the device. The device is then retracted and removed from the vessel.

BRIEF DESCRIPTION OF THE FIGURES

5 Fig. 1 shows a cross-sectional fragmentary diagram of the use of a preferred embodiment of the invention.

Fig. 2 is a cross-sectional diagram of a preferred embodiment of the invention.

10 Fig. 3 is a pictorial view of the preferred embodiment of the invention.

Fig. 4 and Fig. 5 are simplified cross-sectional diagrams of alternative forms of the invention.

Fig. 6 is a pictorial view of an alternative form of the invention.

15 Fig. 7 is a section taken along line 7-7 of Fig. 5.

Fig. 8 thru 10 are simplified cross-sectional diagrams of other alternative forms of the invention.

Fig. 11 is a pictorial view of another alternative form of the invention.

20 Fig. 12 is a pictorial view of an alternative trap/barrier.

Fig. 13a is a pictorial view of another alternative form of the invention.

25 Fig. 13b is a cross-sectional diagram of the device of Fig. 13a.

Fig. 14 is a fragmentary pictorial view of an alternative form of the invention.

30 Fig. 15 is a pictorial view of a mechanism for expanding the trap/barrier of a device of the instant invention.

Fig. 16 is a perspective view of a component of the mechanism depicted in Fig. 15.

Fig. 17 is a pictorial view of the expanded mechanism of Fig. 15.

35 Fig. 18 is a pictorial view of an alternative mechanism for expanding the trap/barrier of the instant invention.

Figs. 19 through 22 are pictorial views of an alternative mechanism for expanding the trap/barrier of the instant invention.

Fig. 23 through 25 are pictorial views of an 5 alternative mechanism for expanding the trap/barrier of the instant invention.

DETAILED DESCRIPTION OF THE INVENTION

10 The angioplasty device of the present invention can take many forms, each of which includes a structure that serves as (1) a barrier preventing physiologically significant particles breaking away from the obstruction site during an angioplasty procedure or other application 15 of a device of the instant invention from progressing away from the obstruction site and creating complications, and (2) a trap that collects physiologically significant particles so that they can be removed from the treatment site. A particle is "physiologically significant" if it 20 could potentially cause damage or other unwanted complication if it were to migrate from the obstruction site. Particles produced from an obstruction or any other particles breaking away from the interior of a vessel in which a device of the instant invention is used are 25 hereinafter generically referred to as "particles".

Fig. 1 shows an example of the use of a preferred embodiment of the instant invention. The device is inserted into a vessel 1 according to methods well known to those skilled in the art. The device may be inserted at 30 any point in relation to the obstruction site 3 that is consistent with the desired treatment protocol. The balloon 4 is aligned with the site of the obstruction 3 using methods well known in the art. The device is then oriented such that the trap/barrier 6, which serves the 35 trap/barrier functions, is situated in a retrograde direction, "downstream" in relation to the direction of fluid flow 7, from the obstruction site 3. The embodiment

of Fig. 1 allows insertion of the balloon 4 before the trap/barrier 6 from a point "downstream" from the obstruction site 3.

Fluid, air or other expansion medium is injected into 5 the device through canals in the catheter bundle 5 such that the trap/barrier 6 is expanded first, so that it forms a seal against the vessel inner lining 2, followed by the balloon 4. Alternatively, both the trap/barrier 6 and the balloon 4 could be expanded simultaneously or the balloon 4 10 could be expanded before the trap/barrier 6. If, however, substantially all of the physiologically significant particles breaking away from the obstruction site 3 are to be trapped by the trap/barrier 6, as is the preferred operation of devices of the invention, the trap/barrier 6 15 should be fully expanded before the balloon 4 is fully expanded.

As the balloon 4 is expanded the obstruction 3 is crushed against the vessel inner lining 2 such that the effective inner diameter of the vessel 1 through which 20 fluid can flow is increased. Crushing of the obstruction 3 creates particles which may break free on either side of the balloon 4.

The balloon 4 is then partially retracted. The 25 particles of the obstruction are then, according to the preferred embodiment, pushed toward the trap/barrier 6 by the fluid pressure in the vessel 1, or, according to an alternative embodiment, drawn toward the trap/barrier 6 by providing a pressure differential between the vessel and canals within the catheter bundle 5. The particles are 30 either pushed or drawn into the catheter bundle 5 through a particle removal aperture 14 from which they may be disposed of, or lodged in the trap/barrier 6 such that, when it is retracted, the particles are trapped inside and removed with the trap/barrier 6.

35 The balloon in a device of the instant invention serves as an operative member which may be replaced by any means known in the art, or later developed in the art, for

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removing or compressing an obstruction. As used throughout this specification and the claims, the term "operative member" shall encompass any means for removing or compressing an obstruction, including but not limited to 5 the means represented by U.S. Patent Nos. 4,646,742, 4,636,195, 4,587,975, 4,273,128, 4,650,466, 4,572,186, 4,631,052, 4,589,412, 4,445,509, 4,641,912 and 4,576,177, the disclosures of which are incorporated herein by reference, which include balloons, meshes, cutting rotors 10 and lasers. Each type of operative member will have its unique control mechanism that, in the case of a balloon, fills it or, in the case of a laser or cutting rotor, turns it on. These various mechanisms are referred to herein collectively as "control means." Although the balloon and 15 its associated filling or expansion system will be used throughout the specification as an example of an operative member and its associated control means, it is to be understood that any available operative member and its control means could be substituted in many of the 20 embodiments discussed herein. References to "expansion" and "retraction" of the balloon should be understood to, by inference, refer to activating and deactivating whatever operative member is incorporated into a given device.

Although the figures depict the trap/barrier 6 as 25 having a generally conical shape, the trap/barrier 6 can be any shape as long as a seal is achieved with the inner lining of the vessel 2 to be treated and the shape facilitates entrapment of the particles. Further, although the figures depict the trap/barrier 6 and operative means, 30 in most cases a balloon 4, as being spatially remote from each other, the trap/barrier 6 and operative means may be situated with respect to each other in any configuration that allows the trap/barrier 6 to achieve a seal with the inner vessel lining 2 and to trap particles when expanded.

35 Figs. 2 and 3 depict another preferred embodiment of the invention, including detail within the catheter bundle 5. In contrast with the preferred embodiment depicted in

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Fig. 1, the preferred embodiment depicted in Figs. 2 and 3 allows insertion of the trap/barrier 6 before the balloon 4 from a point "upstream" from the obstruction site 3. By changing the relative location of the trap/barrier and the operative member in a given device, an obstruction can be treated by approaching from the most advantageous direction in the vessel. The trap/barrier 6 is expanded by introduction of an expansion medium into the trap/barrier expansion canal 11 which fills the trap/barrier 6. The balloon 4 is expanded by introduction of an expansion medium into the balloon expansion canal 9 which fills the balloon 4 through the balloon expansion aperture 10, thus crushing the obstruction 3 against the vessel inner lining 2. When the vessel is living tissue, e.g., a human or animal vein, artery or duct, the balloon 4 is inflated to a pressure ranging preferably from approximately 3 to 15 atmospheres, or more depending on the application. The proper pressure will be dependant on the treatment protocol, the type of organism being treated, the type of vessel being treated and the material from which the balloon is constructed. Appropriate expansion pressures for a given situation will be obvious to those skilled in the art.

After the balloon 4 is partially retracted, any particles are pushed toward the trap/barrier 6 by the fluid flow 7 in the vessel. The particle removal aperture 14 and particle removal canal 13 are open and, since the trap/barrier 6 is blocking the normal fluid flow 7, the particles and some fluid are pushed through the particle removal aperture 14 and out the particle removal canal 13 for disposal. Those particles not pushed through the particle removal aperture 14 are pushed into the apex of the trap/barrier 6 where they can be trapped after the trap/barrier 6 is retracted. As an alternative, the particle removal canal 13 can be attached to means for providing a pressure differential between the vessel pressure and the particle removal canal 13 that will

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actively draw the particles and some fluid from the vessel for disposal. As another alternative, the device can include as many particle removal apertures and canals as can be incorporated into the device.

5 The preferred embodiment also incorporates a flow-through canal 17 which can be used for introduction of medicinal agents, taking samples of fluid, introducing a guide wire to assist insertion of the angioplasty device, or for any other desirable purpose.

10 Fig. 4 depicts an alternative embodiment of the invention in which the flow-through canal 17 has been eliminated. Fig. 4 and the remaining cross sectional figures have been simplified in comparison with Fig. 2 by omission of any indication of the thickness of the walls 15 forming the various canals, chambers and members incorporated into the depicted devices.

Fig. 5 and 6 show an embodiment of the invention wherein the particle removal apertures 14 have been incorporated into the trap/barrier 6. The particle removal apertures 14 can be of any shape and arranged in any formation within the trap/barrier 6 that allows the fluid flow in the vessel or a provided pressure differential to draw particles into the apertures. As many apertures may be used as may be incorporated into the device while still 20 maintaining functionality. A conical shape of the trap/barrier 6 facilitates introduction of the particles into the particle removal apertures 14, but is not essential. Fig. 7 shows an example of one possible 25 orientation of the particle removal apertures 14 within the trap/barrier 6.

Fig. 8 depicts an embodiment of the invention with a flow-through canal 17 and having the particle removal apertures 14 situated in the trap/barrier 6.

30 Fig. 9 depicts an embodiment of the invention wherein both the balloon 4 and the trap/barrier 6 are expanded by infusion of an expansion medium through a bi-functional expansion canal 15. The balloon 4, trap/barrier 6 and bi-

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functional expansion canal 15 should be of proper size, configuration and design so as to expand the balloon 4 and trap/barrier 6 in the desired order, and such that the balloon 4 can be partially retracted while leaving the 5 trap/barrier 6 fully expanded so as to allow collection of particles.

Fig. 10 depicts an embodiment of the invention as shown in Fig. 9 with the addition of a guide wire canal 16 into which a guide wire can be inserted to facilitate 10 insertion and positioning of the device.

Fig. 11 depicts an embodiment of the invention with a bi-functional expansion canal 15 for the balloon 4 and the trap/barrier 6. The bi-functional expansion canal 15 has been bifurcated. The embodiment of Fig. 11 also has a 15 different type of particle removal aperture 14 which is not situated in the trap/barrier 6. Finally, the depicted embodiment incorporates a flow-through canal 17.

Fig. 12 depicts another embodiment of the trap/barrier wherein the trap/barrier is a trap/barrier membrane 23. 20 The configuration of particle removal apertures and canals normally associated with the trap/barrier is not included. The trap/barrier membrane 23 has one or more pores 24 through which fluid, substances in the fluid and physiologically insignificant particles can pass. When the 25 balloon 4 is partially retracted, fluid flow 7 and its associated pressure will resume and the trap/barrier membrane 23 will act as a sieve, collecting all physiologically significant particles that were released. When the trap/barrier membrane 23 is retracted, the trapped 30 particles are held and can be removed with the angioplasty device.

The size of the pores 24 can be varied depending upon the use of the device. The pores 24 should be small enough to trap all physiologically significant particles. The 35 location of the obstruction site relative to areas where renegade particles could cause undesirable complications will determine what size particle is physiologically

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significant. In a traditional angioplasty procedure, the pore size could be approximately 2μ in diameter. A 2μ pore would trap any particle large enough to block capillaries (diameter approximately $3-4\mu$). Larger pore sizes may be 5 appropriate in other medical or non-medical applications of the device of the invention. The appropriate pore size for a given application should be obvious to those skilled in various fields of art to which the invention could be applied.

10 A trap/barrier could also be substituted for the trap/barrier membrane 23 in an embodiment like that of Fig. 12 where the particle removal apertures and canals have not been included. Particles would be pushed into the trap/barrier where they could be trapped when the device is 15 retracted and removed. In such an embodiment the conical shape of the trap/barrier would be very important. Blind pockets or sinuses could also be incorporated into the trap/barrier or the side of the catheter bundle to facilitate the lodgement of the debris in a favorable 20 position to be sequestered from being swept away as the trap/barrier is retracted and removed. As the trap/barrier is retracted, it would cover over the particles, enclosing them. Similar features could also be incorporated with a trap/barrier membrane.

25 Figs. 13a and 13b depict an embodiment of the invention incorporating only the trap/barrier 6, catheter bundle 5, trap/barrier expansion canal 11, trap/barrier interior chamber 12, particle removal apertures 14 and particle removal canal 13. This embodiment could be used 30 with many angioplasty devices currently in use, which would provide the means for compressing or removing an obstruction. The trap/barrier device of this embodiment could be inserted through a central canal in a traditional angioplasty device such that it can be expanded 35 "downstream" from the obstruction site. Obviously, the trap/barrier membrane 23 could be substituted for the trap/barrier 6 in this embodiment.

15

The embodiment depicted in Figs. 13a and 13b and similar embodiments could be used as a trap and trap/barrier in any situation where it is possible to create particles, not necessarily from an obstruction, 5 which could cause undesirable complications if not removed. For example, in any procedure that involves clamping of a blood vessel, particles can break free from materials that have accumulated within but do not appreciably obstruct the vessel. Those particles could cause the same complications 10 associated with renegade particles breaking away from an obstruction during a traditional angioplasty procedure. A device like that in Figs. 13a and 13b could be inserted "downstream" or "upstream" from the clamp site to trap and remove any particles that break free. Although this type 15 of application involves no operative means as herein defined, such an application and similar applications, including medical, veterinary, non-medical and industrial applications, are intended to be encompassed by the term "angioplasty" as used throughout this specification and the 20 appended claims. Moreover, many of the characteristics and features described throughout the specification could also be incorporated into a device for such applications.

It is important to note that, in any embodiment of the invention, the various canals contained within the catheter 25 bundle 5 can either be arranged (1) concentrically, such that they all share the same central axis, (2) separately, such that each canal is independent of all the others, or (3) some combination of concentric and separate canal structures. The collection of canals, whether arranged 30 concentrically, separately or both, is referred to throughout this specification and the appended claims as the catheter bundle 5.

The trap/barrier 6 or trap/barrier membrane 23 in any embodiment of the invention may be designed or expanded in 35 any manner that will achieve a shape that forms a seal with the interior lining of the vessel 2 to be treated. By using methods known to those skilled in the art of

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manufacturing similar devices and components, the manner in which the trap/barrier 6 or trap/barrier membrane 23 is manufactured can cause the trap/barrier 6 or trap/barrier membrane 23 to expand so as to achieve the desired shape 5 and seal without any underlying supporting expansion mechanism.

Alternatively, the trap/barrier 6 or trap/barrier membrane 23 can be expanded with a supporting expansion mechanism. Figs. 14 through 18 depict some possible 10 supporting expansion mechanisms. Fig. 14 depicts a plurality of expansion springs 18 that expand the trap/barrier 6. The expansion springs 18 could be manufactured from plastic, metal or any other material that could be manufactured to hold the desired shape of the 15 trap/barrier 6. The expanded position would be the "natural" position of the expansion springs 18. The device would also incorporate means for pulling the springs into a retracted position for insertion and removal of the device from the vessel. The retraction means could be fibers that 20 extend back from the expansion springs 18, a sheath that covers the springs and holds them down until expansion, or other means which will be obvious to those skilled in the art.

Figs. 15 through 17 depict an assembly comprising a 25 plurality of expansion stents 19 and a stent ring 20 situated inside the retracted trap/barrier 6. The stents can again be made of plastic, metal or any other material of suitable character to give the trap/barrier 6 the desired shape. Each expansion stent 19 is attached to the 30 stent ring 20 by a stent hinge 22 which allows movement of the expansion stent 19 to the expanded position without moving circumferentially around the stent ring 20. Fig. 17 depicts the expanded position of the stent assembly.

Fig. 18 depicts another supporting expansion 35 mechanism. The assembly contains a plurality of expansion stents 19 which are attached to a stent ring 20. Centered within the stent ring 20 is an expansion shaft 25 having

an expansion node 26 and a retraction node 27. The expansion shaft 25 extends back through the catheter bundle 5 such that it may be manipulated. When the expansion shaft 25 is pulled away from the trap/barrier 6, the 5 expansion node 26 engages the expansion stents 19 and pushes them outward, thus expanding the trap/barrier 6. When the expansion shaft 25 is pushed toward the trap/barrier 6, the retraction node 27 engages the expansion stents 19 and pushes them inward, thus retracting 10 the trap/barrier 6. A canal could be included through the expansion shaft 25 for insertion of a guide wire.

If properly situated with respect to the balloon 4, the trap/barrier 6 could also be expanded and retracted by the action of the balloon 4 as the balloon 4 is expanded 15 and retracted. Figs. 19 through 22 depict an expansion means comprised of a plurality of expansion leaves 28 and shroud lines 29. The expansion leaves 28 should be made from a formable material that will give support to the trap/barrier 6, yet assume any position or shape into which 20 it is formed. In Figs. 19 through 22, the expansion leaves 28 are attached at one end to the tip of the trap/barrier 6. The other end rests on or near the retracted balloon 4. As the balloon 4 is expanded, it pushes the expansion leaves 28 into a position where they bring the trap/barrier 25 6 into contact with the inner vessel lining 2 as shown in Fig. 20. The shroud lines 29 are slack. After the obstruction is crushed, as shown in Fig. 21, the balloon 4 is partially retracted such that fluid flow 7 and its associated pressure is partially restored and pushes the 30 particles toward the trap/barrier 6 for removal as previously discussed. Since the expansion leaves 28 are made of a formable material, they maintain the shape into which they were pushed by the balloon 4 and maintain the seal with the inner vessel lining 2. The shroud lines 29 35 remain slack. When the particles have been collected and/or removed as previously discussed, the balloon 4 is retracted further such that the shroud lines 29 become taut.

and retract the expansion leaves 28 as shown in Fig. 22. Features from other expansion means could also be combined with an expansion leaf/shroud line configuration to provide the appropriate degree of control over expansion and
5 retraction of the trap/barrier. The degree to which the balloon 4 should be expanded or retracted to cause the expansion means to properly function will be dependant upon the specific design of the device and should be obvious to those skilled in the art once a device design has been
10 chosen and developed.

Alternatively, the expansion leaves 28 could be constructed from a material that is rigid and not significantly formable similar to materials that could be used to make the expansion springs 18 of Fig. 14. The
15 expansion leaves 28 are, however, manufactured such that their natural shape would retain the trap/barrier 6 in its retracted position. The expansion leaves 28 do not directly make contact with the balloon 4. Each expansion leaf 28 is fitted with a pod 30 that rests on the surface
20 of the balloon 4 as shown in Fig. 23. Alternatively, the pod could fit into a recess in the side of the catheter such that the expansion leaf lies flush against the catheter when in the retracted state, thus allowing smoother insertion of the catheter. The pod 30 is attached
25 to the expansion leaf 28 by a flexible pod arm 31. As the balloon 4 expands, the pod 30 moves along the surface of the balloon 4 and the trap/barrier 6 is pushed into its expanded position as shown in Fig. 24. When the balloon 4 is fully expanded, the pod arm 31 would be bent such that
30 the pod 30 is pressed toward the expansion leaf 28 out of its natural position as shown in Fig. 24. As the balloon 4 is retracted, the pod arm 31 will return toward its natural position while keeping the expansion leaf 28 in contact with the inner vessel lining 2 as shown in Fig. 25. Fluid
35 flow 7 and its associated pressure will be partially restored and particles can be trapped and disposed of as previously discussed. When the balloon 4 is retracted

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further, the pod arm 31 completely returns to its natural position and the expansion leaf 28 will return to its natural position, as shown in Fig. 23, thus retracting the trap/barrier 6. The degree to which the balloon 4 should
5 be expanded or retracted to cause the expansion means to properly function will be dependant upon the specific design of the device and should be obvious to those skilled in the art once a specific device design has been chosen and developed.

10 Alternatively, the pod arm 31 could be eliminated and the pod 30 could be attached to the balloon 4. As the balloon 4 is expanded, the pod 30 pushes the expansion leaf 28 into an expanded position. The pod 30 should be placed on the balloon surface such that the balloon 4 can
15 be partially retracted without breaking the seal between the trap/barrier 6 and the vessel inner lining 2, thus allowing particles to be collected. Methods for choosing proper placement of the pod 30 on the balloon 4 will be obvious to those skilled in the art when considering the
20 type and form of the balloon used in a given device.

Variations of these examples and other means for using the balloon 4 as the force driving an expansion means for the trap/barrier will be obvious to those skilled in the art and are intended to be included within the bounds of
25 the instant invention as defined by the appended claims. Particularly, the expansion stents, expansion springs and expansion leaves described herein can be made of, for example, (1) a deformable material so that they have no "natural" shape and can be freely pushed into desired shapes, (2) a formed material having a "natural" shape that holds the trap/barrier in an expanded position, or (3) a formed material having a "natural" shape that holds the trap/barrier in a retracted position. These and other types of materials may be appropriate and will be obvious
30 to those skilled in the art.

As the preceding discussion of the preferred and alternative embodiments discloses, there are many different

20

structures, configurations and characteristics of the various embodiments of the instant invention, each of which can be individually combined with any of the others to create a device that has the desired characteristics for 5 the desired application. All of the figures and embodiments particularly described herein are meant to be illustrative of the wide range of separate characteristics which can each be individually incorporated into a device of the instant invention and not to in any way restrict 10 combination of such features in devices not particularly described herein.

From the foregoing, it will be obvious to those skilled in the art that various modifications in the above described methods can be made without departing from the 15 spirit and scope of the invention. Accordingly, the invention may be embodied in other specific forms without departing from the spirit or essential characteristics thereof. Present embodiments, therefore, are to be considered in all respects as illustrative and not 20 restrictive, the scope of the invention being indicated by the appended claims rather than by the foregoing description, and all changes which come within the meaning and range of equivalency of the claims are therefore intended to be embraced therein.

I claim:

1. An angioplasty device for removing an obstruction from a vessel or vessel-like structure comprising:
 - a. a catheter bundle for insertion into said vessel;
 - 5 b. an operative member, for removal or compression of said obstruction, connected to said catheter bundle;
 - c. control means, connected to said operative member, for manipulating said operative member;
 - 10 d. a trap/barrier connected to said catheter bundle;
 - e. expansion means, connected to said trap/barrier, for expanding and/or retracting said trap/barrier; and
 - f. particle removal means situated within said catheter bundle for removal of particles.
- 20 2. The angioplasty device of claim 1 wherein said operative member is selected from the group of balloons, cutting rotors, fiber meshes and lasers.
3. The angioplasty device of claim 2 wherein said operative member is a balloon.
- 25 4. The angioplasty device of claim 3 wherein said control means comprises an expansion canal situated within said catheter bundle and connected to said operative member by an expansion aperture.
- 30 5. The angioplasty device of claim 1 wherein said expansion means comprises an expansion canal situated within said catheter bundle and connected to said trap/barrier.
- 35 6. The angioplasty device of claim 1 wherein said control means and said expansion means comprise a bi-functional expansion canal connected to both said operative member and said trap/barrier.

7. The angioplasty device of claim 1 wherein said expansion means comprises a supporting expansion mechanism for expansion of said trap/barrier.

5

8. The angioplasty device of claim 7 wherein said supporting expansion mechanism comprises at least one expansion stent situated within or on said trap/barrier such that, when the trap/barrier is expanded, said trap/barrier establishes a seal against the inner lining of the vessel.

9. The angioplasty device of claim 8 wherein said supporting expansion mechanism additionally comprises an expansion shaft, situated within said catheter bundle, having an expansion node and a retraction node such that, when said shaft is moved, said expansion node and said retraction node expand and retract, respectively, said trap/barrier.

20

10. The angioplasty device of claim 3 wherein said expansion means comprises:

i. at least one expansion leaf situated on or within said trap/barrier; and

25 ii. at least one shroud line connecting said expansion leaf and said balloon,
such that expansion and retraction of said balloon expands and retracts said trap/barrier, respectively, and such that upon partial retraction of said balloon physiologically
30 significant particles are moved toward said trap/barrier by pressure within said vessel.

11. The angioplasty device of claim 3 wherein said expansion means comprises:

35 i. at least one expansion leaf situated on or within said trap/barrier;

23

ii. at least one pod, said pod being (A) attached to said expansion leaf and in contact with or attached to said balloon, or (B) attached to said balloon and in contact with or attached to said expansion leaf,

5

such that expansion and retraction of said balloon expands and retracts said trap/barrier, respectively, and such that upon partial retraction of said balloon physiologically significant particles are moved toward said trap/barrier by pressure within said vessel.

10

12. The angioplasty device of claim 1 wherein said trap/barrier comprises a membrane with at least one pore through which no physiologically significant particles can pass.

15

13. The angioplasty device of claim 1 wherein said particle removal means comprises a particle removal canal situated within said catheter bundle and at least one particle removal aperture, connected to said particle removal canal.

20

14. The angioplasty device of claim 13 wherein said particle removal apertures are integrated into said trap/barrier.

25

15. The angioplasty device of claim 13 or 14 wherein said particle removal means additionally comprises means for providing a pressure differential between said vessel and said particle removal canal such that fluid containing particles moves into said canal.

30

16. The angioplasty device of claim 1 additionally comprising at least one additional canal situated within said catheter bundle, said additional canal being selected from the group of guide wire canals and flow-through canals.

17. An angioplasty device for removing an obstruction from a vessel or vessel-like structure comprising:

- a. a catheter bundle for insertion into said vessel;
- 5 b. a trap/barrier connected to said catheter bundle;
- c. expansion means, connected to said trap/barrier, for expanding and/or retracting said trap/barrier; and
- d. particle removal means situated within said catheter bundle for removal of particles.

10

18. The angioplasty device of claim 17 wherein said expansion means comprises an expansion canal situated within said catheter bundle and connected to said trap/barrier.

15

19. The angioplasty device of claim 17 wherein said expansion means comprises a supporting expansion mechanism for expansion of said trap/barrier.

20

20. The angioplasty device of claim 19 wherein said supporting expansion means comprises at least one expansion stent situated on or within said trap/barrier such that, when the trap/barrier is expanded, said trap/barrier establishes a seal against the inner lining of the vessel.

25

21. The angioplasty device of claim 20 wherein said supporting expansion means additionally comprises an expansion shaft, situated within said catheter bundle, having an expansion node and a retraction node such that, when said shaft is moved, said expansion node and said retraction node expand and retract, respectively, said trap/barrier.

30

35 22. The angioplasty device of claim 17 wherein said trap/barrier comprises a membrane with at least one pore

25

through which no physiologically significant particles can pass.

23. The angioplasty device of claim 17 wherein said
5 particle removal means comprises a particle removal canal
situated within said catheter bundle and at least one
particle removal aperture, connected to said particle
removal canal.

10 24. The angioplasty device of claim 23 wherein said
particle removal apertures are integrated into said
trap/barrier.

15 25. The angioplasty device of claim 23 or 24 wherein
said particle removal means additionally comprises means
for providing a pressure differential between said vessel
and said particle removal canal such that fluid containing
particles moves from the vessel into said canal.

20 26. The angioplasty device of claim 17 additionally
comprising at least one additional canal situated within
said catheter bundle, said additional canal being selected
from the group of guide wire canals and flow-through
canals.

25 27. A method for treatment of, or for removal or
compression of an obstruction in, a vessel or vessel-like
structure comprising:

- a. inserting an angioplasty device into said vessel;
- b. aligning said device with the site of treatment or
the site of the obstruction;
- c. manipulating said device such that the desired
treatment, removal or compression is achieved;
- d. removing any resulting particles through or to
within said device;
- e. retracting said device; and

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- f. removing said device from said vessel carrying any collected particles therewith,
said device comprising:
5 i. a catheter bundle for insertion into said vessel;
ii. an operative member, for removal or compression of
 said obstruction, connected to said catheter
 bundle;
iii. control means, connected to said operative
 member, for manipulating said operative member;
10 iv. a trap/barrier connected to said catheter bundle;
v. expansion means, connected to said trap/barrier,
 for expanding and/or retracting said trap/barrier;
 and
vi. particle removal means situated within said
15 catheter bundle for removal of particles.

28. A method for treatment of, or for removal or compression of an obstruction in, a vessel or vessel-like structure comprising:

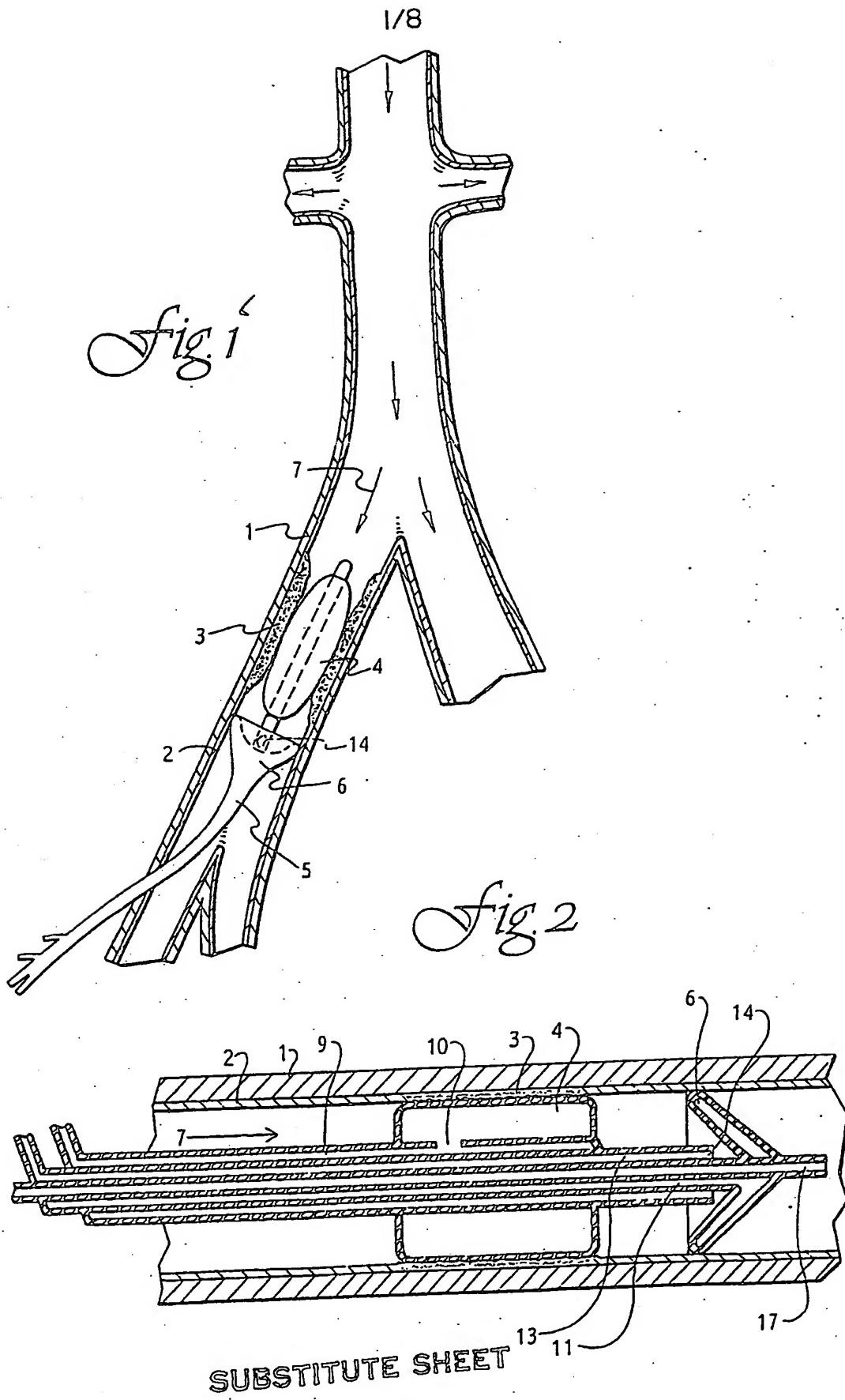
- 20 a. inserting an angioplasty device into said vessel;
b. aligning said device with the site of treatment or
 the site of the obstruction;
c. expanding said device such that the desired
 treatment, removal or compression is achieved;
25 d. removing any resulting particles through or to
 within said device;
e. retracting said device; and
f. removing said device from said vessel,
said device comprising:
30 i. a catheter bundle for insertion into said vessel;
ii. a trap/barrier connected to said catheter bundle;
iii. expansion means, connected to said trap/barrier,
 for expanding and/or retracting said trap/barrier;
 and
35 iv. particle removal means situated within said
 catheter bundle for removal of particles.

27

29. A method for preventing particles from escaping from a point of manipulation of a vessel or vessel-like structure comprising:

- a. inserting an angioplasty device into said vessel;
- 5 b. positioning said device in said vessel;
- c. expanding said device;
- d. removing any particles resulting from said manipulation of said vessel through or to within said device;
- 10 e. retracting said device; and
- f. removing said device from said vessel,
said device comprising:
 - i. a catheter bundle for insertion into said vessel;
 - 15 ii. a trap/barrier connected to said catheter bundle;
 - iii. expansion means, connected to said trap/barrier,
for expanding and/or retracting said trap/barrier;
and
 - iv. particle removal means situated within said
catheter bundle for removal of particles.

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fig. 3

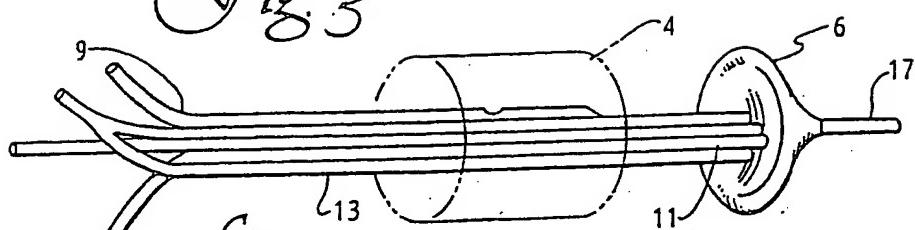


fig. 4

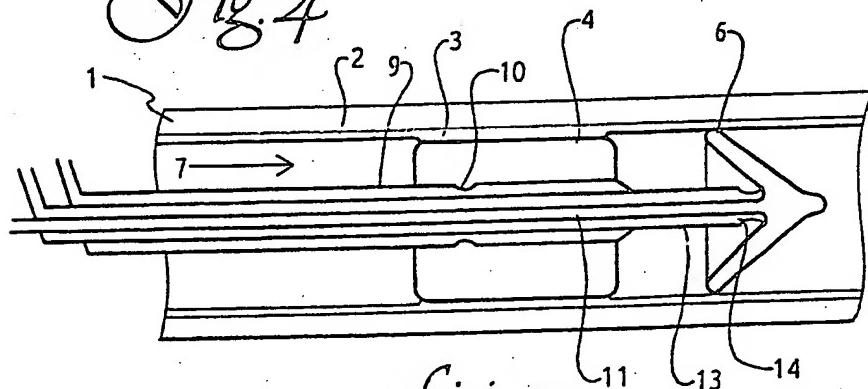


fig. 5

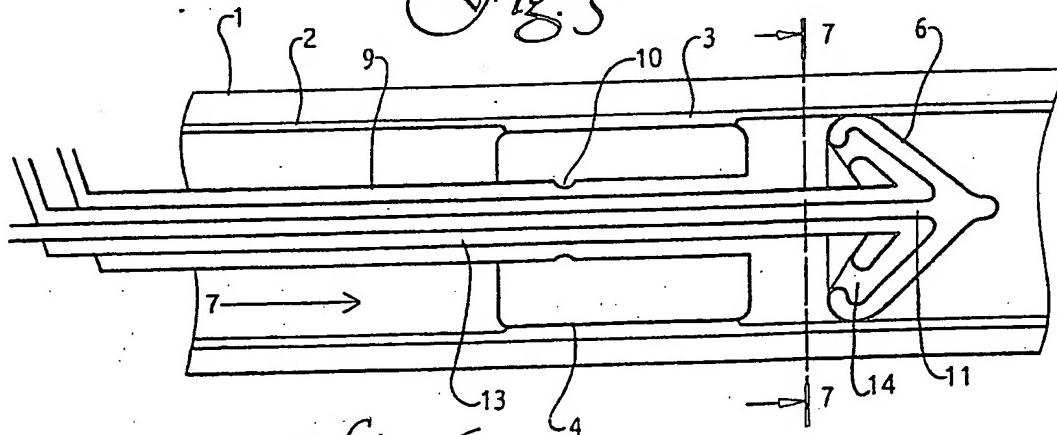


fig. 6

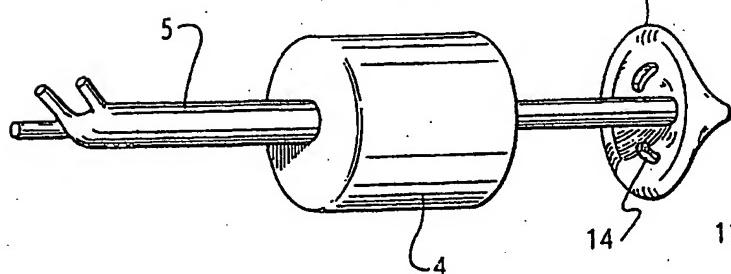
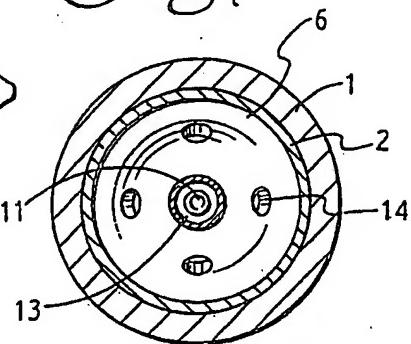
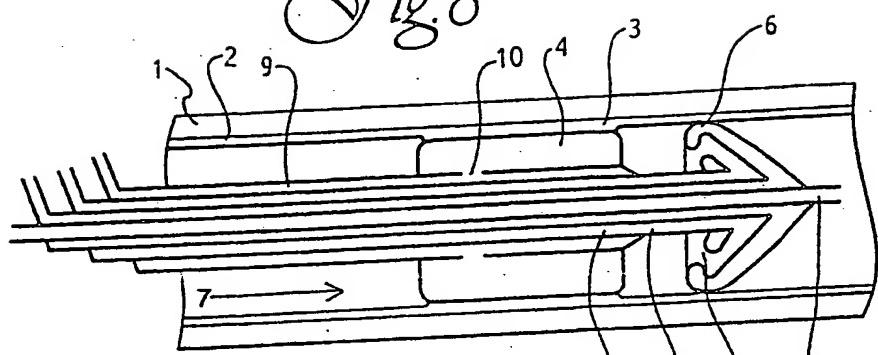
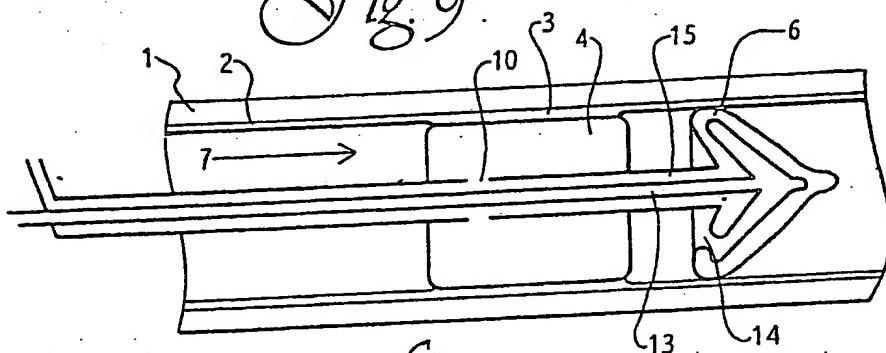
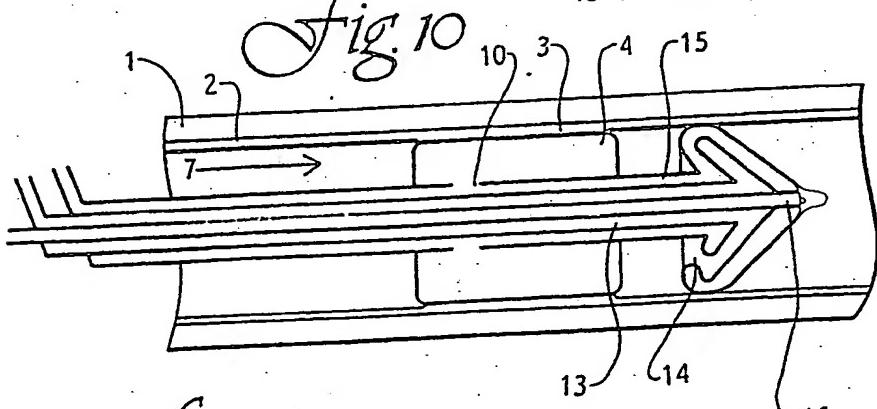
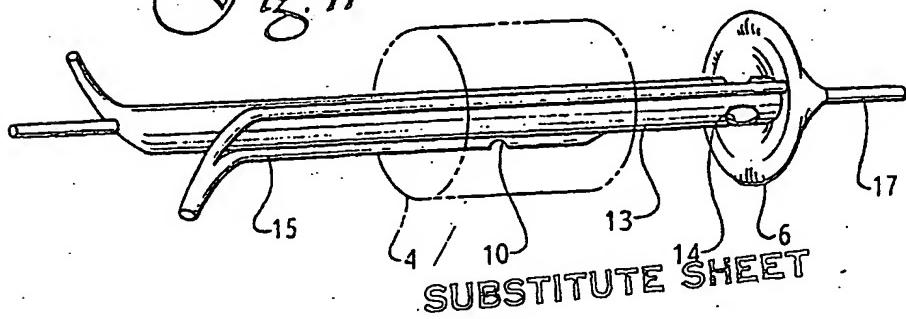


fig. 7

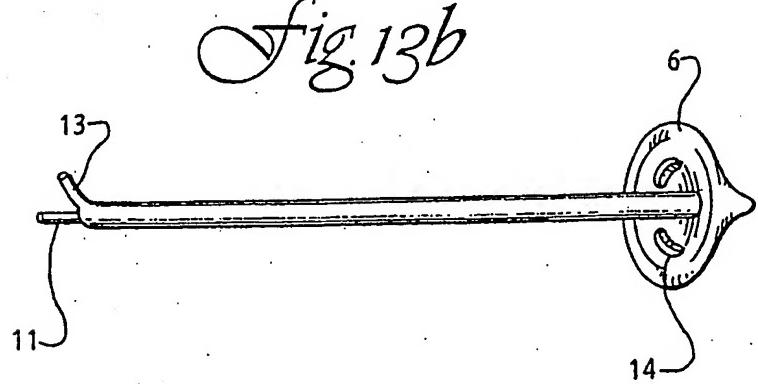
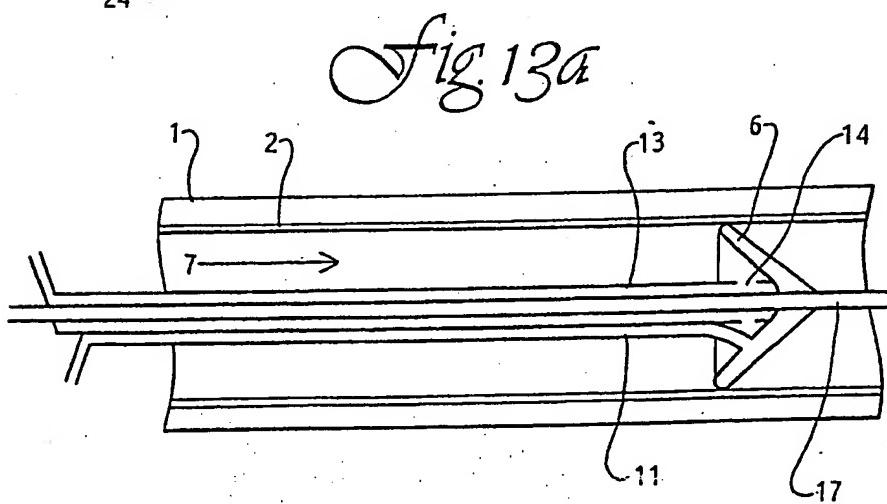
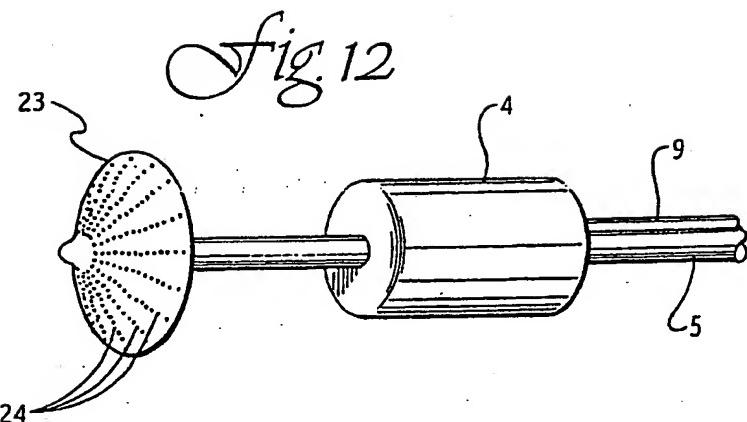


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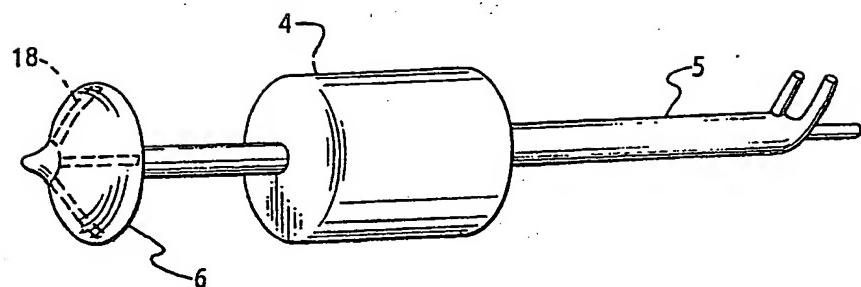
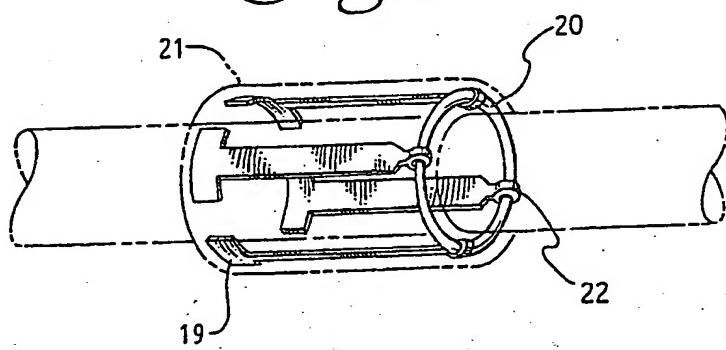
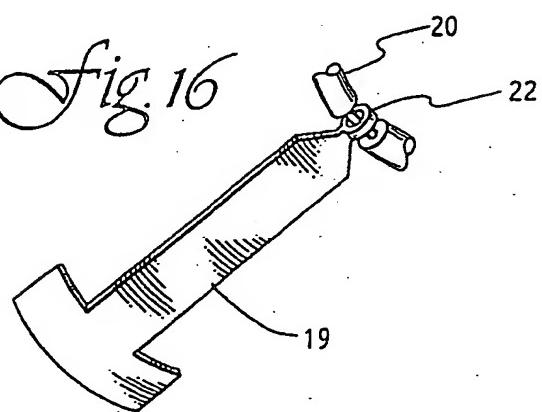
Fig. 8*Fig. 9**Fig. 10**Fig. 11*

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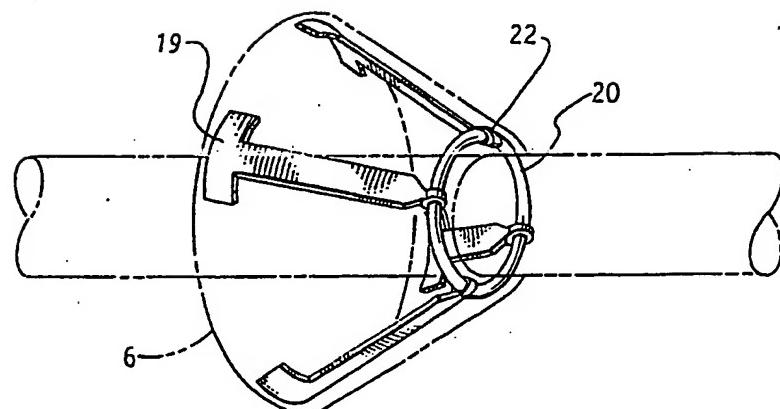
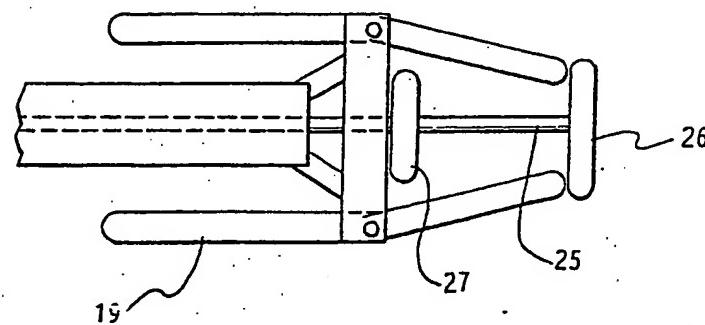
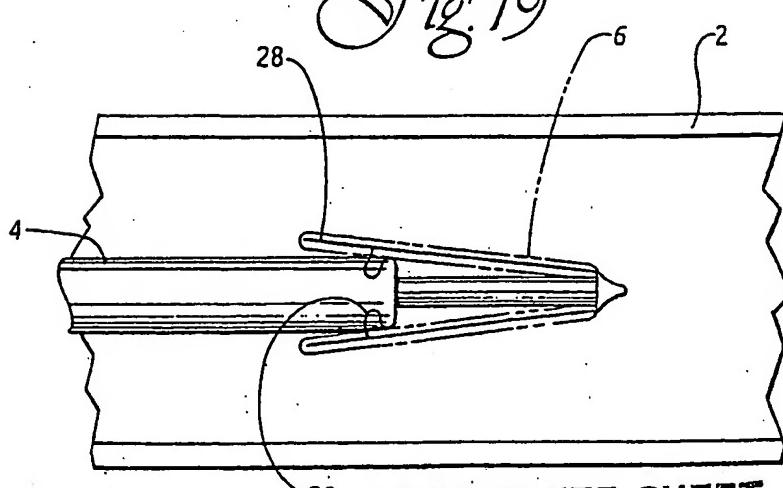
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fig 14*fig 15**fig 16*

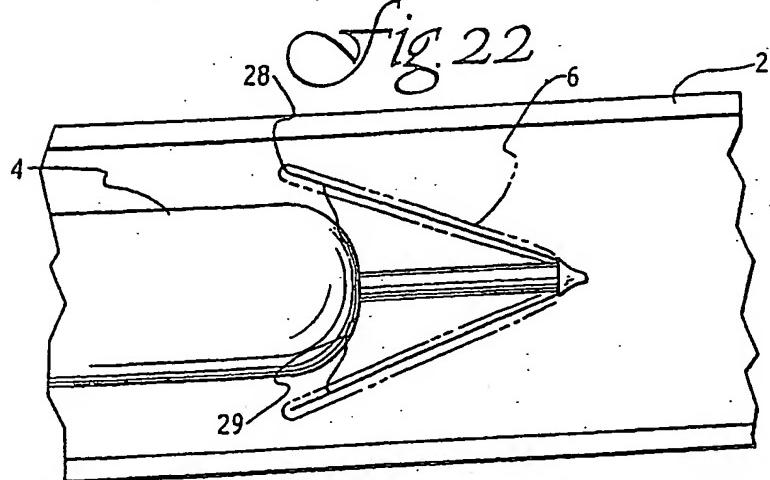
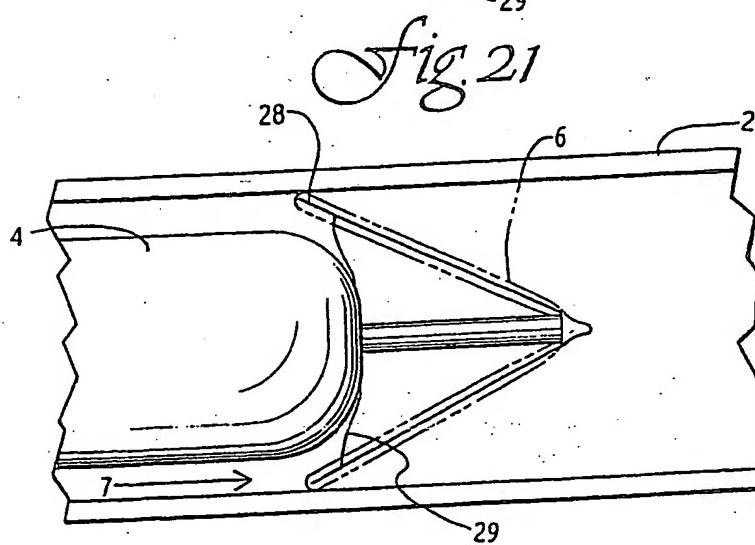
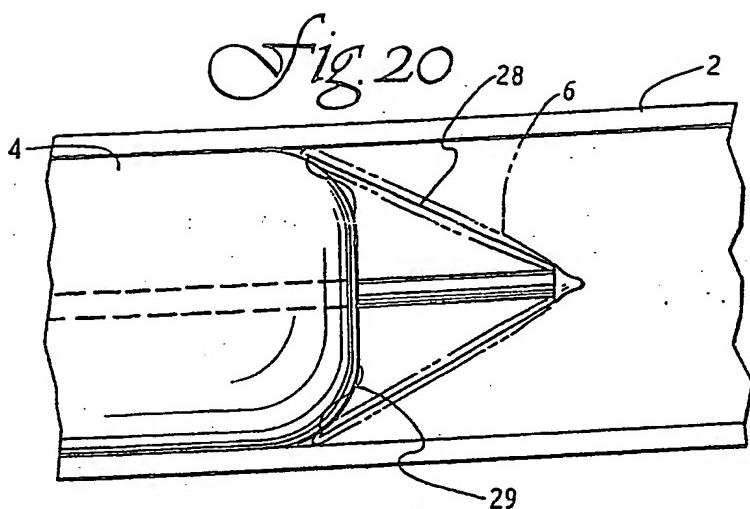
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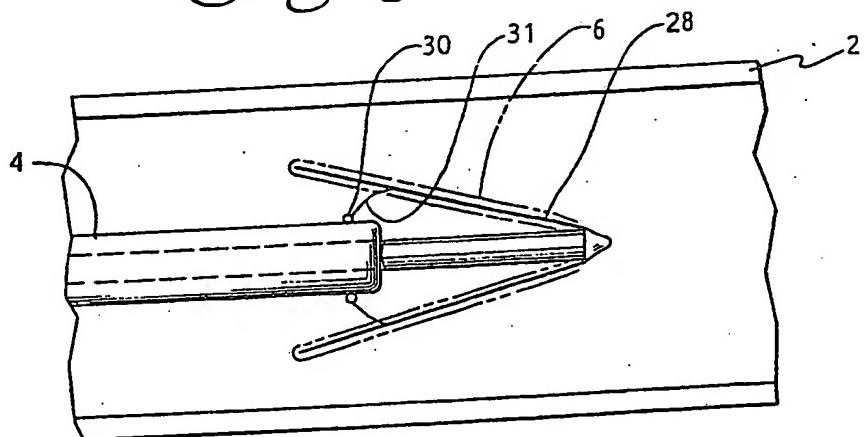
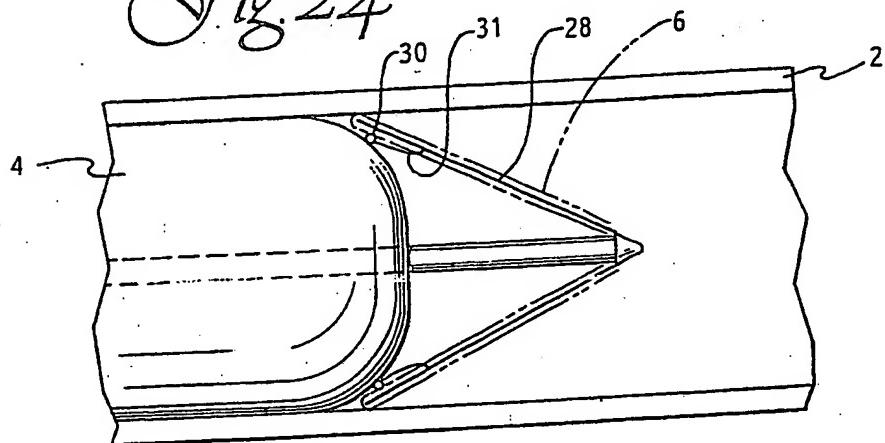
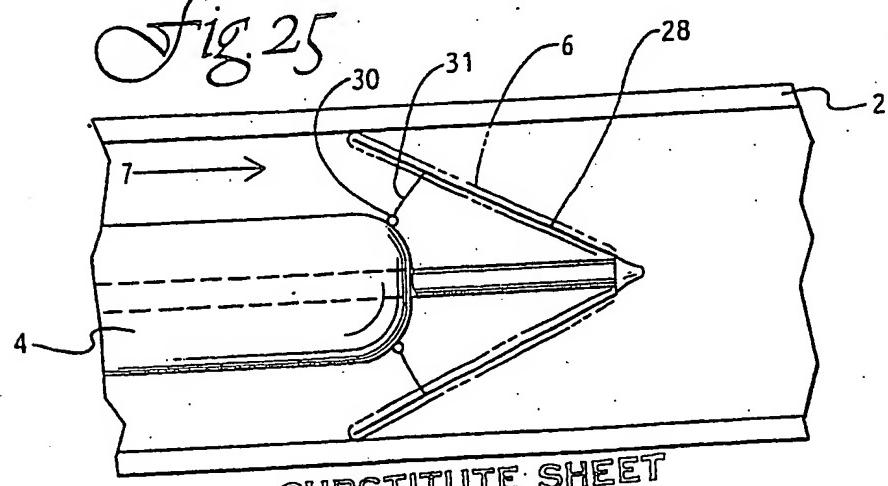
fig. 17*fig. 18**fig. 19*

29. SUBSTITUTE SHEET

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fig 23*fig 24**fig 25*

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INTERNATIONAL SEARCH REPORT

International Application No. PCT/US88/01979

I. CLASSIFICATION OF SUBJECT MATTER (if several classification symbols apply, indicate all) ⁶

According to International Patent Classification (IPC) or to both National Classification and IPC
 IPC. (4) : A61M 29/02
 U.S. CL. 128/305, 348.1; 604/22

II. FIELDS SEARCHED

Minimum Documentation Searched ⁷

Classification System	Classification Symbols
U.S.	128/305, 344, 348.1 604/22

Documentation Searched other than Minimum Documentation
to the Extent that such Documents are Included in the Fields Searched ⁸

III. DOCUMENTS CONSIDERED TO BE RELEVANT ⁹

Category ¹⁰	Citation of Document, ¹¹ with indication, where appropriate, of the relevant passages ¹²	Relevant to Claim No. ¹³
Y, P	US, A, 4,723,549 (WHOLEY ET AL) 09 February 1988 See Entire Document	1-29
Y	US, A, 4,631,052 (KENSEY) 23 December 1986 See Entire Document	1-29
Y	US, A, 4,610,662 (WEIKL ET AL) 09 September 1986 See Entire Document	1-29

* Special categories of cited documents: ¹⁰

- "A" document defining the general state of the art which is not considered to be of particular relevance
- "E" earlier document but published on or after the international filing date
- "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
- "O" document referring to an oral disclosure, use, exhibition or other means
- "P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

IV. CERTIFICATION

Date of the Actual Completion of the International Search

19 August 1988

Date of Mailing of this International Search Report

1 OCT 1988

International Searching Authority

ISA/US

Signature of Authorized Officer

Michael Thaler
Michael Thaler

1/02/1

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008614624 **Image available**

WPI Acc No: 91-118654/199117

XRPX Acc No: N91-091377

Percutaneously implanted filter in blood vessel - is made from biologically decomposable material and has hooks to engage walls of blood vessel

Patent Assignee: STRECKER E P (STRE-I)

Inventor: STRECKER E P

Number of Countries: 001 Number of Patents: 002

Basic Patent:

Patent No	Kind	Date	Applicat No	Kind	Date	Main IPC	Week
DE 4030998	A	19910418	DE 4030998	A	19901001		199117 B

Priority Applications (No Type Date): DE 4030998 A 19901001

Abstract (Basic): DE 4030998 A

The blood vessel filter is percutaneously implanted in the blood vessel by a catheter. The filter (10) is supported by a number of short rods (12) which are joined to each other at one of their ends (11) whilst the other ends are formed into hooks (15) which grip the wall of the blood vessel (16).

The filter (10) is made from biologically decomposable material and is operational for only as long as is necessary to achieve its therapeutic purpose. In the implanted condition the part of the filter furthest from the wall of the blood vessel decomposes more quickly than the parts close to the blood vessel wall.

USE - Blood vessel filter. (6pp Dwg.No.12/6)

Title Terms: PERCUTANEOUS; IMPLANT; FILTER; BLOOD; VESSEL; MADE; BIOLOGICAL

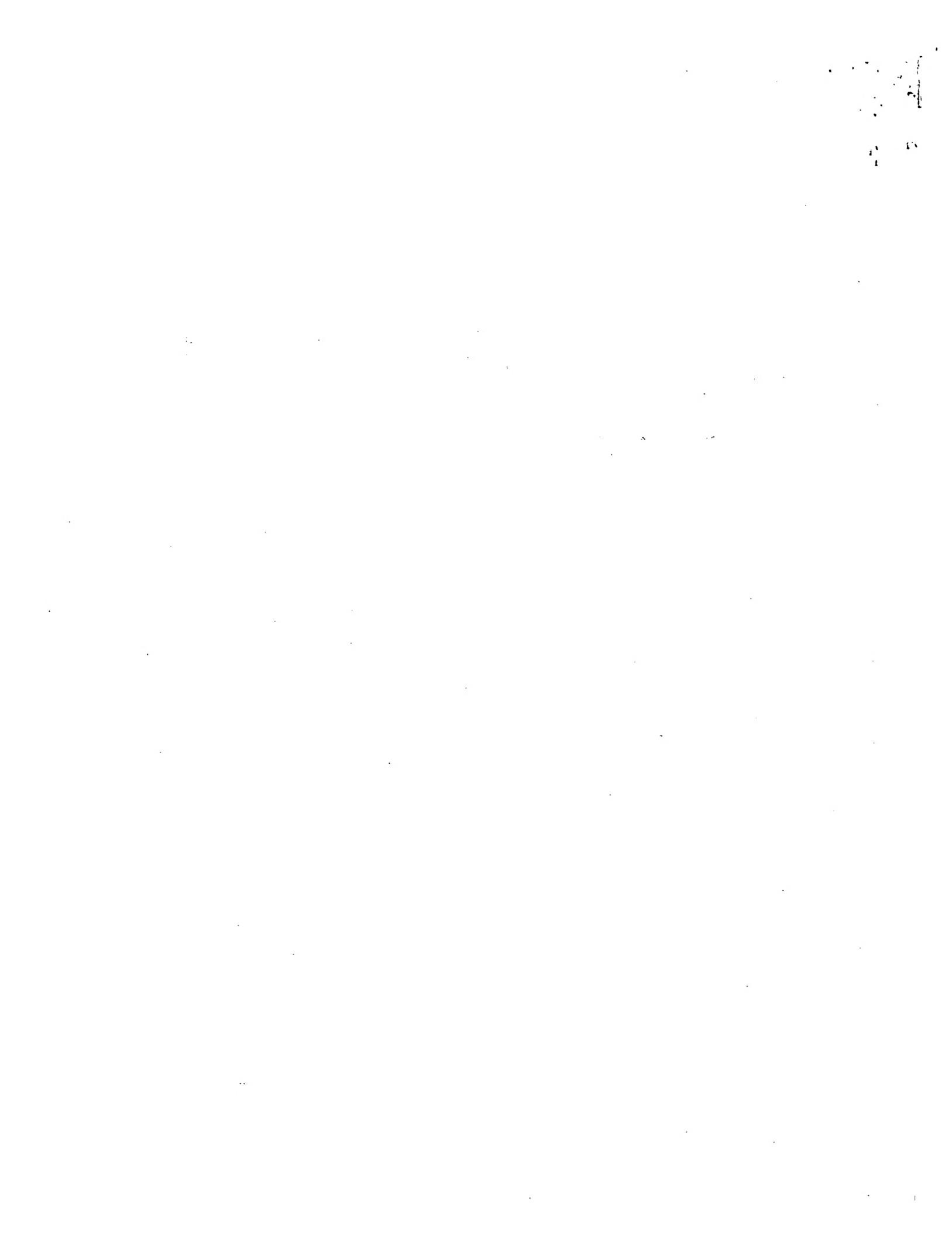
; DECOMPOSE; MATERIAL; HOOK; ENGAGE; WALL; BLOOD; VESSEL

Derwent Class: P32; P34

International Patent Class (Main): A61F-002/01

International Patent Class (Additional): A61B-017/22; A61F-002/02;
A61L-027/00; A61L-029/00; A61M-025/00

File Segment: EngPI



(19) BUNDESREPUBLIK
DEUTSCHLAND



DEUTSCHES
PATENTAMT

(12) Offenlegungsschrift
(11) DE 4030998 A1

(51) Int. Cl. 5:
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A 61 M 25/00
A 61 L 27/00
A 61 L 29/00

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(22) Anmeldetag: 1. 10. 90
(23) Offenlegungstag: 18. 4. 91

DE 4030998 A1

(30) Innere Priorität: (32) (33) (31)
04.10.89 DE 39 33 061.3

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(72) Erfinder:
gleich Anmelder

Rechercheantrag gem. § 43 Abs. 1 Satz 1 PatG ist gestellt

(54) Perkutan implantierbarer Gefäß-Filter

Ein aus wenigstens einem unter Vorspannung radial zusammendrückbaren und durch Vorschieben in einem Katheter perkutan implantierbarer Gefäß-Filter besteht aus biologisch abbaubarem Material, bei dem die im implantierten Zustand gefäßwandfremden Implantatteile schneller abbaubar sind als die gefäßwandnahmen Implantatteile. Diese unterschiedliche Abbaugeschwindigkeit kann dadurch verwirklicht sein, daß die im implantierten Zustand gefäßwandnahmen Implantatteile größere Stärke als die gefäßwandfernen Teile aufweisen oder aber aus einem Material bestehen, dessen Abbaugeschwindigkeit kleiner ist als die des Materials der gefäßwandfremden Implantatteile.

DE 4030998 A1

Beschreibung

Die Erfindung bezieht sich auf einen perkutan mittels eines Katheters in ein Gefäß einführbaren und in letztem plazierbaren Filter aus wenigstens einem unter Vorspannung radial zusammendrückbaren und im implantierten Zustand bis zur Anlage an einer Gefäßwand auffedernden Strang. Insbesondere bezieht sich die Erfindung auf einen perkutan implantierbaren Cava-Filter.

In der Literatur sind bereits perkutan implantierbare Cava-Filter vorbeschrieben (Interventionelle Radiologie, Georg Thieme Verlag Stuttgart/New York, Seiten 258 bis 278). Dabei handelt es sich um beispielsweise in der Vena cava (untere Hohlvene) plazierbare Drahtgebilde aus Edelstahl, die durch einen Katheter hindurch implantiert werden. Mittels derartiger Filter kann eine mechanische Teilblockade der Hohlvene erreicht und dadurch die Zufuhr im Blutstrom enthaltener Embolie zur Lunge wirksam unterbunden werden. Derartige Embolie können lebensgefährliche Lungenembolien oder ein chronisches Corpumonale auslösen, da die Lungenstrombahn verhindert wird.

Filter der vorstehend erläuterten Art genügen ihrer jeweiligen Zweckbestimmung je nach Ausgestaltung auf unterschiedliche Weise. Sie geben aber insofern Anlaß zu Beanstandungen, als es unbeschadet ihrer Ausführung in Edelstahl zu Langzeitkorrosionen kommen kann, die unter Umständen zu erheblichen Beeinträchtigungen eines mit einem derartigen Implantat versorgten Patienten führen können. Dies ist umso schwerwiegender, als derartige Implantate nach einmaliger Plazierung in einem Gefäß in aller Regel über die gesamte noch verbleibende Lebensdauer eines Patienten in dessen Körper belassen werden.

Die der Erfindung zugrundeliegende Aufgabe besteht daher in der Schaffung eines dahingehend verbesserten Gefäß-Filters, daß von diesem ausgehende Risiken im Vergleich zum Stande der Technik minimiert werden.

Gelöst ist diese Aufgabe dadurch, daß der im Oberbegriff des Patentanspruchs 1 angegebene Gefäß-Filter erfindungsgemäß aus biologisch abbaubarem Material besteht und aufgrund seiner biologischen Abbaubarkeit nur für einen therapeutisch erwünschten Zeitabschnitt nach der Implantation seine bestimmungsgemäße Funktion ausübt und daß die im implantierten Zustand gefäßwandfernen Implantatteile schneller abbaubar sind als die gefäßwandnahen Implantatteile. Als insoweit geeignete Materialien haben sich insbesondere Poly-Lactide erwiesen. In Betracht kommen aber auch andere biologisch abbaubare Substanzen, wie Polymere.

Die Erfindung geht aus von der Überlegung, daß eine Belassung eines Gefäß-Filters im Körper des jeweiligen Patienten aus therapeutischen Gründen in aller Regel nicht erforderlich und häufig auch nicht erwünscht ist, aber eine chirurgisch operative Entfernung angesichts der damit verbundenen Patientenbelastung nicht in Betracht kommt.

Aus resorbierbaren Materialien bestehende Implantate, die nach der Implantation im Körper eines Patienten verbleiben und dort nach einer vorbestimmten Zeitdauer biologisch abgebaut werden, sind schon bekannt. So beschreibt die DE-PS 1 79 096 Darmknöpfe und andere bei chirurgischen Operationen verwendete und im Körper eines Patienten verbleibende Verbindungsstücke aus biologisch abbaubarem Material. Aus der DE-OS 38 01 426 ist hingegen ein filzartiges Implantat bekannt, das aus einem Gemisch verhältnismäßig kurzer Fasern oder Fasern aus resorbierbaren Materialien be-

steht und für vielfältige Zwecke einsetzbar sein soll, in denen die früher flächenhaften und textilartigen Gebilde oder kissenartige Implantatpolster nicht ausreichen.

Bei der Erfindung handelt es sich hingegen um einen perkutan implantierbaren Gefäß-Filter, der durch Vorschieben durch einen Katheter in einem Gefäß plaziert wird und so beschaffen ist, daß über eine vorbestimmte Zeitdauer die bestimmungsgemäße Wirksamkeit gewährleistet ist, danach aber ein von den gefäßwandfernen Teilen aus allmählich fortschreitender biologischer Abbau bis zur vollständigen Auflösung des Implantats stattfindet. Durch den Implantatabbau von seinen gefäßwandfernen Bereichen aus ist ein unerwünschtes Abschwimmen noch während der Abbauphase in einem Gefäß verbliebener Implantatteile wirksam unterbunden.

Der Verbleib von Gefäß-Filttern im Körper eines Patienten ist nach dem Abheilen einer Emboliequelle therapeutisch darum nicht angezeigt, weil sich die Vena cava aufgrund der Thrombogenität des Filters oder durch abgefangene Embolie vollständig verschließen und dadurch eine untere Einflußstauung des Körpers entstehen kann. Durch die gezielte Auflösung des aus resorbierbarem Material gefertigten Cava-Filters nach der Erfindung werden solche Komplikationen vermieden.

Bei der Ausbildung des Implantats hat sich auch als vorteilhaft erwiesen, wenn gemäß einer Weiterbildung die im implantierten Zustand gefäßwandnahen Implantatteile größere Stärke als die gefäßwandfernen Teile aufweisen. So können zweckmäßigerweise die im implantierten Zustand gefäßwandnahen Implantatteile mehrlagig ausgebildet sein, etwa in der Form, daß Flachmaterialstreifen in mehreren Lagen aufeinanderliegen, deren Flachseiten nach außen weisen, also zur Gefäßwand hin.

Die erfindungsgemäß erwünschte unterschiedliche Abbaugeschwindigkeit gefäßwandferner und gefäßwandnaher Implantatteile kann aber auch, gemäß einer anderen Weiterbildung, dadurch verwirklicht sein, daß die Abbaugeschwindigkeit des Materials der im implantierten Zustand gefäßwandnahen Implantatteile kleiner ist als die des Materials gefäßwandferner Teile.

Eine besonders sinnvolle Ausgestaltung sieht vor, daß zur Bildung des Gefäß-Filters zumindest zwei Stränge aus biologisch abbaubarem Material in zumindest einem Punkt zusammengefaßt sind.

Gemäß einer ebenfalls vorteilhaften Ausgestaltung können die äußeren und im implantierten Zustand gefäßwandnahen Implantatteile mit Vorteil als lange und im wesentlichen gerade verlaufenden Berührungsstrecken ausgebildet sein, die eine sichere Plazierung und Halterung eines Cava-Filters in einem Gefäß gewährleisten.

Eine andere Weiterbildung ist durch eine als schirmartige Filterausbildung mit einer Anzahl in einem Punkt zusammengefaßter Stränge gekennzeichnet, deren von dem genannten Punkt entfernte Enden mit einem zickzackförmig unter Vorspannung zusammenfaltbaren Spreizring verbunden sind. Dieser Spreizring kann auch als metallischer Federring ausgebildet sein, der dann allerdings nach dem Abbau des Filters im Körper des Patienten verbleibt. Dies ist jedoch insofern risikolos, weil ein derartiger Federring an der Gefäßwand anliegt und dadurch in seiner Lage gehalten wird.

Ein gemäß dem vorstehenden Merkmal ausgebildeter Filter ist zum Zwecke der Implantation in einfacher Weise radial auf ein solches Maß zusammendrückbar,

dass der Filter durch einen Katheter vorgeschen werden kann, während nach der Implantation der Spreizring auffedert und die von dem genannten Vereinigungspunkt der Stränge abgewandten Enden zur Anlage an eine Gefäßwand bringt.

Gemäß einer nochmaligen Weiterbildung der Erfindung, können die im implantierten Zustand gefäßwandnahen bzw. an einer Gefäßwand anliegenden Implantatteile mit Mitteln zum Verankern in einem Gefäß versehen sein. Bei diesen Verankerungsmitteln kann es sich um nach außen von den genannten Implantatteilen vorstehende Ankerstifte oder auch um kleine Haken handeln, die im implantierten Zustand in die Gefäßwand eindringen und dadurch eine formschlüssige Festlegung des Implantats sicherstellen.

Schließlich kann auch in das den Filter bildende biologisch abbaubare Material wasserlösliches Röntgen-Kontrastmittel eingemischt sein, um die Darstellung eines implantierten Filters im Röntgenbild zu verbessern.

Anhand der beigefügten Zeichnung sollen nachstehend einige Ausführungsformen des erfindungsgemäßen Cava-Filters erläutert werden. In schematischen Ansichten zeigen:

Fig. 1 einen in einem nur angedeuteten Gefäß aufgenommenen Filter mit mehreren in einem Punkt vereinigten und sich von diesem in der Art der Streben eines Schirms forterstreckenden Strängen aus biologisch abbaubarem Material,

Fig. 2 eine Ansicht des Gefäß-Filters in einem der Schnittlinie II-II in Fig. 1 entsprechenden Querschnitt durch das angedeutete Gefäß,

Fig. 3 eine zu der Ausführungsform nach den Fig. 1 und 2 alternative Ausbildung eines Gefäß-Filters,

Fig. 4 in einer Ansicht wie in Fig. 1 eine Ausführungsform eines Gefäß-Filters, bei dem die den Filter bilden den Stränge beidseitig in jeweils einem Punkt miteinander verbunden sind,

Fig. 5 ebenfalls in einer Ansicht wie in Fig. 1 einen in einem nur angedeuteten Gefäß aufgenommenen Filter aus in einem Punkt miteinander vereinigten Strängen aus biologisch abbaubarem Material, deren andere Enden mit einem zickzackförmig zusammenfaltbaren Spreizring verbunden sind, und

Fig. 6 den Gefäß-Filter gemäß Fig. 5 im zusammengefalteten Zustand beim Vorscheiben durch einen in ein Gefäß eingeführten Katheter.

Bei dem in den Fig. 1 und 2 veranschaulichten Gefäß-Filter 10 sind in einem Punkt 11 sechs Stränge aus biologisch abbaubarem Material gleicher Längenerstreckung miteinander verbunden, die sich von dem Vereinigungspunkt divergierend forterstrecken. Diese Stränge bilden gewissermaßen die Streben 12 einer haubenförmigen Sechseckpyramide und sind an ihren von der Pyramiden spitze abgewandten Enden mit kleinen Hähnchen 13 versehen, die bei der Implantation des Filters sich in der Cava-Wand 16 verhaken und dadurch den Filter lagerichtig im Gefäß 16 fixieren.

Bei dem in Fig. 3 veranschaulichten Gefäß-Filter 20 handelt es sich ebenfalls um ein Gebilde aus sechs jeweils an ihren einen Enden in einem Punkt 21 miteinander verbundenen Streben 22, die sich symmetrisch zu einer Längsachse divergierend von dem genannten Vereinigungspunkt forterstrecken. An die vom Vereinigungspunkt 21 entfernten freien Enden der Streben 22 sind jeweils parallel zueinander und in Richtung zur Spitze des Gebildes verlaufende Schenkel 24 angeformt, die auf ihren radial-nach außen weisenden Seiten wiederum mit kleinen Hähnchen 25 als Mittel zum Veran-

kern in einem Gefäß ausgerüstet sind.

Anstelle des in den Fig. 1 und 3 gezeigten geradlinigen Verlaufs der Streben 12, 22 können derartige Streben auch einen vorgebestimmten konfigurierten Verlauf haben.

So sind bei dem wiederum aus sechs Strängen 32 aus biologisch abbaubarem Material gebildeten Gefäß-Filter 30 nach Fig. 4 die Stränge 32 beidseitig jeweils in einem Punkt 31, 31' fest miteinander verbunden. Fig. 4 zeigt den Filter im implantierten Zustand, in dem die Mittelteile der Streben 32 als langgestreckte Berührungsstrecken 34 an den Gefäßwänden 36 unter einer gewissen radialen Vorspannung anliegen. Die im implantierten Zustand an der Gefäßwand anliegenden bzw. die gefäßwandnahen Teile bestehen bei dieser Ausführungsform aus mehreren übereinanderliegenden Lagen 34, 34'. Diese mehrlagig ausgebildeten Führungsstrecken sind wiederum im implantierten Zustand in nicht weiter dargestellter Weise durch geeignete Verankerungsmittel fest an der Gefäßwand 36 verankert.

Angesichts der verstärkten Ausbildung der im implantierten Zustand an einer Gefäßwand anliegenden Berührungsstrecken findet der biologische Abbau eines derartigen Gefäß-Filters von innen heraus statt mit der Folge, dass zunächst die zu den Vereinigungspunkten 31, 31' hin verlaufenden Teile der Streben 32 resorbiert werden und erst danach die gefäßwandnahen Implantatteile, die gegenüber den anderen Teilen durch mehrlagige Ausbildung verstärkt sind. Ein unerwünschtes Abschwimmen der verstärkten gefäßwandnahen Implantatteile wird dadurch wirksam verhindert, dass diese bei der Implantation durch geeignete – in Fig. 4 nicht dargestellte – Verankerungsmittel an den Wandungen des Gefäßes 36 verhakt sind.

Der in Fig. 5 veranschaulichte Gefäß-Filter 40 ist in ähnlicher Weise wie die Ausbildungsform nach den Fig. 1 und 2 schirmartig ausgebildet und besteht aus einer Anzahl in einem Punkt 41 mit ihren Enden fest miteinander verbundenen Streben 42, deren von diesem Punkt entfernte andere Enden 43 jedoch mit einem zickzackartig ausgebildeten und unter radialer Vorspannung zusammenfaltbaren Spreizring 47 verbunden sind. Jeweils im Bereich zwischen den mit dem Spreizring verbundenen Enden zweier Schenkel erstrecken sich von dem Spreizring mit ihren Enden radial nach außen geformte Ankerstifte 45 fort, die beim Implantieren des Filters sich in der Wand eines Gefäßes 46 verhaken und dadurch eine Fixation des Filters vermitteln.

Implantiert werden derartige Filter mittels eines ein entsprechendes Lumen aufweisenden Katheters, in dem der Katheter mit seiner Spitze lagerichtig in ein Gefäß 46 eingeführt und dann das Implantat im zusammengefalteten Zustand durch das Katheterlumen vorgeschnitten wird.

Fig. 6 zeigt die Implantation des oben in Verbindung mit Fig. 5 veranschaulichten schirmartigen Gefäß-Filters 40, der im zusammengefalteten Zustand in einem zuvor in das Gefäß 46 eingeführten Katheter 48 aufgenommen ist und mittels eines von der Einführseite aus ebenfalls in den Katheter eingeführten Schiebers 49 bis zur Implantationsstelle durch den Katheter vorgeschnitten wird. Angesichts der dem Spreizring 47 des Katheters im zusammengefalteten Zustand eigenen Vorspannung entfaltet sich der Filter unmittelbar nach dem Verlassen des Katheters und federt in die in Fig. 5 veranschaulichte Implantationslage auf, in der die als Verankerungsstifte 45 ausgebildeten Verankerungsmittel in die

Gefäßwand eingreifen und dadurch eine lagerichtige Fixation des implantierten Gefäß-Filters vermitteln.

Die Implantation der in den Fig. 1 bis 4 veranschaulichten Ausführungsformen erfolgt in sinngemäß gleicher Weise wie bei dem in Verbindung mit den Fig. 5 und 6 oben beschriebenen Filter 40. Während bei der letztgenannten Ausführungsform der beim Vorschieben durch einen Katheter unter Vorspannung zusammengedrückte Spreizring das Auffedern vermittelt, bewirken dies bei den anderen Ausführungsformen die Strebens 10 12, 22, 32, die beim Vorschieben des jeweiligen Filters durch einen Katheter unter radialer Vorspannung zusammengedrückt sind.

Patentansprüche

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1. Perkutan mittels eines Katheters in ein Gefäß einführbarer und in diesem plazierbarer Gefäß-Fil- 20 ter aus wenigstens einem unter Vorspannung radial zusammendrückbaren und im implantierten Zu- stand bis zur Anlage an der Gefäßwand auffedern- den Strang, insbesondere Cava-Filter, dadurch ge- kennzeichnet, daß der Filter (10, 20, 30, 40) aus biologisch abbaubarem Material besteht und auf- grund seiner biologischen Abbaubarkeit nur für ei- 25 nen therapeutisch erwünschten Zeitabschnitt nach der Implantation seine bestimmungsgemäße Funk- tion ausübt und daß die im implantierten Zustand gefäßwandfernen Implantatteile schneller abbaubar sind als die gefäßwandnahmen Implantatteile. 30
2. Implantat nach Anspruch 1, dadurch gekenn- 35 zeichnet, daß die im implantierten Zustand gefäß- wandnahmen Implantatteile größere Stärke als die gefäßwandfernen Teile aufweisen.
3. Implantat nach Anspruch 1 oder 2, dadurch ge- 40 kennzeichnet, daß die im implantierten Zustand ge- fäßwandnahmen Implantatteile (34, 34') mehrlagig ausgebildet sind.
4. Implantat nach Anspruch 3, dadurch gekenn- 45 zeichnet, daß die im implantierten Zustand gefäß- wandnahmen Implantatteile als in mehreren Lagen aufeinanderliegende Flachmaterialstreifen (34, 34') mit nach außen — zur Gefäßwand hin — weisen- den Flachseiten ausgebildet sind.
5. Implantat nach einem der Ansprüche 1 bis 4, 50 dadurch gekennzeichnet, daß die Abbaugeschwin- digkeit des Materials der im implantierten Zustand gefäßwandnahmen Implantatteile kleiner ist als die des Materials gefäßwandferner Implantatteile.
6. Implantat nach einem der Ansprüche 1 bis 5, 55 dadurch gekennzeichnet, daß zur Bildung des Fil- ter (10, 20, 30, 40) zumindest zwei Stränge (12, 22, 32, 42) aus biologisch abbaubarem Material in zu- mindest einem Punkt (11, 21, 31, 31', 41) zusammen- gefäßt sind.
7. Implantat nach einem der Ansprüche 1 bis 6, 60 dadurch gekennzeichnet, daß die äußeren und im implantierten Zustand gefäßwandnahmen Implantat- teile als lange und im wesentlichen gerade verlau- fenden Berührungsstrecken (24, 34, 34') ausgebildet sind.
8. Implantat nach Anspruch 6, gekennzeichnet 65 durch eine schirmartige Filterausbildung mit einer Anzahl in einem Punkt (41) zusammengefaßter Stränge (42), deren von dem genannten Punkt ent- fernten Enden mit einem zickzackförmig und unter V rspannung zusammenfaltbaren Spreizring (47) verbunden sind.

9. Implantat nach einem der Ansprüche 1 bis 8, dadurch gekennzeichnet, daß die im implantierten Zustand gefäßwandnahmen bzw. an einer Gefäß- 10 wand anliegenden Implantatteile mit Mitteln (15, 25, 45) zum Verankern in einem Gefäß versehen sind.

10. Implantat nach Anspruch 9, dadurch gekenn- 15 zeichnet, daß es sich bei den Mitteln zum Veran- kern des Filters in einem Gefäß um von den im implantierten Zustand gefäßwandnahmen bzw. an innerer Gefäßwand anliegenden Implantatteilen um nach außen vorstehende Haken (15, 25) oder An- kerstifte (45) handelt.

11. Implantat nach einem der Ansprüche 1 bis 10, dadurch gekennzeichnet, daß in das den Filter (10, 20, 30, 40) bildende biologisch abbaubare Material wasserlösliches Röntgen-Kontrastmittel einge- mischt ist.

Hierzu 2 Seite(n) Zeichnungen

Fig. 1

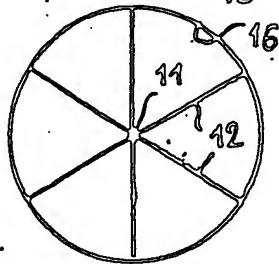
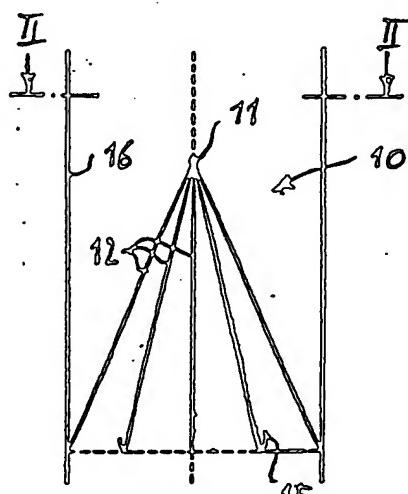


Fig. 2

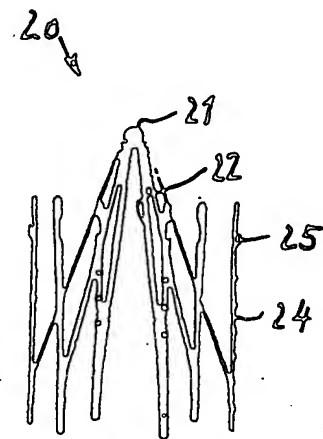


Fig. 3

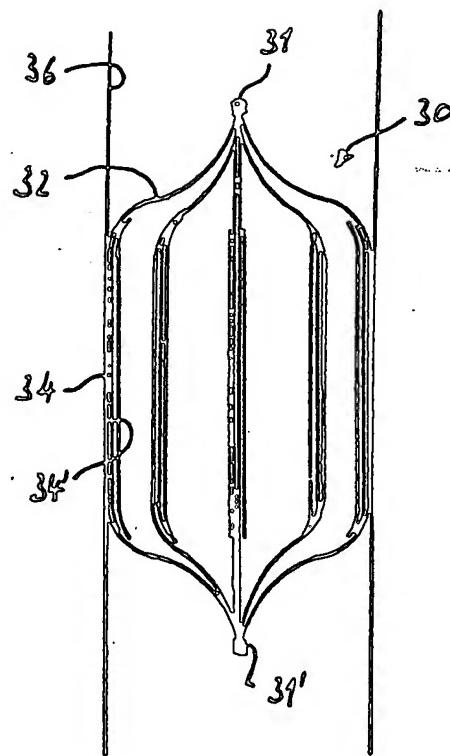


Fig. 4

Fig. 6

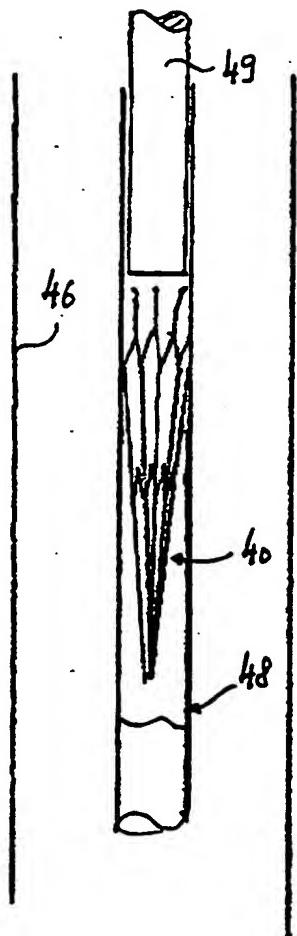


Fig. 5

